## MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333 Phone 207-287-8000 / Fax 207-287-8094

## LEASHED TRACKING DOG PERMIT APPLICATION

In accordance with the provisions of the Maine Revised Statutes, Title 12, Section 11111, and Inland Fisheries and Wildlife Leashed Dog Tracking Permit Rules as defined under Chapter 25. The fee for a 3-year permit for leashed dog to track a wounded animal is \$81.

Ар	plication Fee \$25.0	00 (1714)					
3-Y	ear Permit Fee \$8	1.00 New (731) _	3-Year Permi	t Fee \$81.00 Rene	wal (1731) Cur	rent Hunting	g Licensed #:
Name:						DOB:	
		First	Last		MI		
Company Name:				Social Security	y or Federal ID N	Number:	
							(Required for new applicants)
Mailing	g Address:						
		Street, Roa	d or Box #	City or Town		State	Zip Code
Gender	r: Eyes:	Height:	Hair:	Weight:	Moses ID #:		
Driver's License Number: Driver's License State:							
Applica	int Email Address:				Pł	none Numbe	r:
Applica	ant: Has your hunt	ing license author	ity been revoked	d in the past 5-yea	rs: Yes N	o:	
If yes, p	olease explain:						
	ant: Must submit a		* *	· · · · · · · · · · · · · · · · · · ·	a valid big gam	e hunting lic	ense in order to apply for
-					ter, issued by th	ne Departme	nt. Unsuccessful applicants
	ait 30 days before				,		
	ant: Return applica	_			ate Street, 41 SI	HS, Augusta,	ME 04333.
To acce	ess current Depart	ment rules regulat	ting Leashed dog	g tracking permits,	see Chapter 25	, by visiting	
https:/	/www.maine.gov/	sos/cec/rules/09/	chaps09.htm				
BY AFF	IXING YOUR SIGNA	ATURE BELOW, YO	U:				
A.	I Certify that all statements made hereon, and any documents provided are true and accurate. Understand that any false statement made in this application or in any documents provided may result in denial, suspension or revocation of your license or permit, and possible criminal prosecution.						
Signatu	ıre:					_ Date:	
			Applicant				